



BOROUGH OF CHATHAM.

Medical Officer's
REPORT
1907.

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Borough of Chatham.

TO THE MAYOR AND CORPORATION.

GENTLEMEN,

I have the honour to place before you my Report on the Sanitary Condition of the Urban District of Chatham for the year ending December 31st, 1907.

In my report for 1906 I was able to congratulate you on the lowest rate of mortality recorded during my experience, and it is again my pleasing duty to note an equally satisfactory condition during the year which has just elapsed.

There is nothing of a startling nature to record in the Sanitary History of the past year, and the members of your Committee are to be congratulated on the careful attention they have paid to the numerous matters brought before them, and as a perusal of the Report will show, on the steady and consistent manner in which their administration of the power they possess has been carried out.

I shall have occasion, in the course of this Report, to comment unfavourably on some of the insanitary manners and customs of a section of the Community, and I would reiterate what I have said over and over again, that the most strenuous efforts of Sanitary Authorities to administer their Districts in a systematic and orderly manner are largely discounted by the lack of attention to the most elementary rules of health and conduct, which characterise the daily lives of many individuals.

For years we have been waging war on obvious insanitary conditions in the vicinity of dwellings, bye-laws have been enacted to secure the proper construction of houses and the cleansing of streets, care is taken to have a sufficiency of open spaces and adequate ventilation, the drainage is carefully supervised, the sanitation of schools is the object of solicitude, and under the new scheme for the Medical Inspection of School Children, parents will become cognisant of the mental and physical defects of their children, and if they neglect to have them remedied, can no longer plead ignorance. Employment of all kinds is subjected to the careful supervision of the inspectors entirely in the interests of the Workers, Hospitals are provided for the reception and treatment of infectious diseases, there are numerous regulations for securing the purity of food, and the supply of wholesome water, and several Acts of Parliament are in force charging Local Authorities with various duties designed for the sanitary well-being of the public, and yet in spite of all this activity, or one is sometimes tempted to say, because of it, it is difficult to realise the deplorably dirty and degraded condition of a very large

section of the population. It cannot be that they do not know the the benefits of cleanliness, because it is continually being preached to them, but it is simply that they are too indolent to practice it, and I am very strongly of opinion that Acts of Parliament imposing fresh duties on Local Authorities might with advantage be held over for a time, and that legislation directed to the enforcement of individual responsibility in regard to the maintenance of domestic cleanliness is what is most wanted. More and more it is becoming evident that social habits and conditions are quite as important in their influence on health and on character as the presence or absence of those conditions which have, in the eyes of the public, so far been considered evidences of good or bad Sanitation.

Something more is wanted than the mere reduction of disease and mortality, and no one who is familiar with the habits of the poorer classes in this country, can be blind to the fact that as regards the personal practice of Hygiene no improvement can be recorded, in comparison with the great strides which have been made in public Hygiene. There are streets in Chatham as in every town, where one may go into house after house, and find the same conditions of dirt and slovenliness, and when the female in charge is remonstrated with, the usual answer is "I was just going to tidy up."

There is no earthly reason why poverty and cleanliness should not go together, as well as poverty and dirt, and occasionally amongst the most filthy surroundings one comes across a little home where everything is clean and tidy. If this can be done in one instance it ought to be possible in all, and the individual practice of the laws of health, the two greatest of which are cleanliness and temperance, would confer untold benefits on the Community, in the shape of less disease and lower rates.

Vital Statistics.

SUMMARY.

Area in Acres	4444.298
Population (Census 1901)	37,057
Population (estimated)	42,134
Births registered	1,100
Birth rate per 1,000	26.1
Nett Deaths registered	581
Death rate per 1,000	13.7
Zymotic Death rate	1.5
Infantile mortality per 1,000	124
Annual rateable value	£147,803

The Borough of Chatham is situated on the southern bank of the Medway, and extends chiefly in a south easterly direction. The geological formation is chalk with a varying depth of overlying soil. The district is hilly, and much of the property in the older parts of the

town is dilapidated in character, but of late years, owing to improvements of various kinds, this has been giving way to buildings of a more modern type. Chatham is exceptionally fortunate in the matter of open spaces, which largely help to nullify the bad effect of the small narrow streets and dingy houses which are found in some parts of the Borough.

POPULATION.—It is now 7 years since the last Census, and owing to the fluctuations which have taken place in the District in consequence of the general scarcity of employment the actual population is largely a matter of conjecture. I have estimated it by assuming that the rate of increase has been the same as the last intercensal period and that the average number of persons per house is fairly constant. Calculated on this basis my estimate of the population up to the middle of 1907 is 42,134.

BIRTHS.—The total number of Births registered during 1907 was 1,100, as compared with 1,107 in 1906. Males 555, females 545. illegitimate Births, 54, of which 8 were in St. Mary's Ward, 41 in Luton Ward and 5 in St. John's Ward.

Birth Rate, 26.1 per 1,000.

In the following table is shown the natural increase of population—that is the increase of Births over Deaths in each division of the Borough:—

	Births.	Deaths.	No. of Births over Deaths.
St. Mary's Ward . .	206	132	74
Luton Ward . .	612	215	397
St. John's Ward . .	282	153	129
	<hr/>	<hr/>	<hr/>
	1100	500	600
Deaths in Institutions		81	81
	<hr/>	<hr/>	<hr/>
		581	519

The nett result is an increase of Births over Deaths of 519.

DEATHS.—The nett total of registered Deaths is 581. This is not quite in accord with the actual returns received from the Registrar because of certain corrections which have to be made, in order to insure accuracy. These corrections consist in the addition of the deaths of such persons as belong to the District, but who have died outside it, and the deduction of the deaths of those persons dying in the District, but belonging to other places. These are classed as "residents" and "non-residents." The deaths of the former class occurred in St. Bartholomew's Hospital, St. William's Hospital, and Fort Pitt Military Hospital, all of which are in the Rochester Registration District, whilst the deaths of the "non-residents," chiefly persons belonging to Rochester and Gillingham occurred in the Medway Union Infirmary.

During the years 1902, 1903, 1904, 1905, and 1906, the deaths were 674, 574, 630, 578, and 560 respectively. The total number of deaths occurring in the Medway Union Workhouse and the Marine Infirmary was 138, of which 81 were "residents and 57 "non-resident."

The rate of mortality is 13.7 per 1,000.

The number of deaths occurring during each quarter of the year was as follows :—

First Quarter.....	206
Second Quarter.....	136
Third Quarter.....	100
Fourth Quarter.....	139

The numbers registered during each month were :—

January, 67 ; February, 74 ; March, 65 ; April, 46 ; May, 48 ; June, 42 ; July, 29 ; August, 36 ; September, 35 ; October, 37 ; November, 55 ; December, 47.

The larger mortality during the first quarter of the year was due to a considerable number of deaths from Diseases of the Respiratory Organs, and the unusually low mortality during the Third Quarter is also worthy of notice. In both cases climatic conditions are responsible, the weather during the first three months being very cold and inclement, whilst the third quarter of the year was characterised by the absence of extreme heat.

In table I. which is appended will be found a comparative statement of Births, Deaths and Rate of Mortality during the past ten years.

The following table shows the Mortality in England and Wales during 1907 compared with Chatham.

	Annual Rates per 1,000 living.			
	Births.	Deaths of all ages.	Deaths from seven chief Epidemic Diseases.	Infant Mortality.
England and Wales	26.3	15.	1.26	118
76 Great Towns	27.	15.4	1.54	127
142 Smaller Towns	25.7	14.5	1.29	122
England and Wales (less 218 Towns).	25.6	14.7	0.91	106
CHATHAM	26.1	13.7	1.5	124

The ages at which deaths occurred were as follows :—

Under 1 year	136
1 and under 5 years.....	59
5 and under 15 years.....	18
15 and under 25 years.....	32
25 and under 65 years.....	186
65 and upwards.....	150

The number of deaths in different parts of the Borough was as follows:—

St. Mary's Ward	132
Luton Ward	215
St. John's Ward.....	153
Medway Workhouse.....	80
Marine Infirmary	1

An approximate idea of the population in each Ward is obtained by ascertaining the number of inhabited houses in each, and calculated on this basis the rates of mortality are as follows:—

St. Mary's Ward	13.5
Luton Ward	11.4
St. John's	11.3

When one compares the rates of mortality in one locality with those of another, these figures are not a reliable guide, and one has to take into account the character of the population, their habits, employment, and methods of life, and above all the relative number of people of different age groups. Putting all questions of Municipal Sanitation aside, it is obvious that if there is in any locality an unusual proportion of individuals of a particular age group, it must lead to a modification of the death rate.

INFANTILE MORTALITY.—The Infantile Mortality or number of deaths under 1 year of age to every 1,000 births registered is 124 per 1,000, as compared with 137 during 1906, 126 during 1905, and 178 during 1904.

Table V. shows in detail the various causes of death amongst infants.

For several years this subject of Infantile Mortality has received the earnest attention of all Sanitarians, because it is felt that much of it is of a preventable character, and this enormous waste of life which goes on year after year with but little check is now becoming a subject of very wide public interest, but like a good many other matters which are interesting, and also of vital public welfare, the difficulty exists in arousing interest amongst the class of people whose conduct towards their offspring is of such a character that the chances of the said offspring during its early struggles for existence are very poor indeed. That there must be a higher relative mortality amongst infants than adults must be conceded, because however good their surroundings, there are so many causes operating to their detriment. Many are born prematurely, others have malformations and defects, some are the offspring of weakly parents, and no matter how much care is exercised, the majority of children born under these conditions do not survive. But making every allowance for these, there still remains a large number who die purely from the lack of intelligent care and attention on the part of those who are in charge of them.

The most casual observer of the habits of the poor cannot fail to notice how often infants are handed over to the temporary care of any irresponsible person whilst their rightful guardians are engaged either at work, or to them, some more congenial occupation. Very often of course, this is unavoidable, because poor people are dependent on the help of their neighbours, but, broadly speaking, excessive infantile mortality is invariably due to the neglect which is born of ignorance, apathy, and I would add, laziness.

There is one tendency in the present day which is not confined to any particular class of society, and that is the prevalence of artificial feeding. Maternity, with many people seems to entail too much trouble, too much interference with pleasure, or so called social duties, and excuses are always forthcoming when the question of breast feeding is discussed, but if the natural method of giving sustenance to an infant were more practised than it is, the child's risks would be very sensibly diminished.

We hear a great deal about the necessity of a pure milk supply, and rightly so, but I fear that some people misinterpret its benefits, and talk as if a reform in the methods of handling milk would solve the question of infant mortality, but nothing can be done which can make milk taken from an animal, and exposed to the air before being used, the equal of milk taken directly from the mother by the offspring as nature intended it to be. The one great fact that stands out above all others in connection with this subject of infantile mortality, is that the feeding of infants by the natural means during the first few months of their existence is the greatest preventive measure which can be adopted.

In connection with this subject I may allude to the Notification of Births Act, 1907, which Local Authorities may adopt or not. Its object is to provide a speedy means whereby information of the birth of a child may be given to the Medical Officer of Health of the Local Authority, so that if necessary, advice as to its care and nurture may be offered to the mother. The procedure is as follows :—

In the case of every child born within the area in which the Act is in force, it will be the duty of the father of the child if he is actually residing in the house where the birth takes place at the time of its occurrence, and of any person in attendance on the mother at the time of or within 6 hours after birth, to give notice in writing to the Medical Officer of Health. This notice is to be given by posting a prepaid letter or post card addressed the Medical Officer of Health, giving the necessary information within 36 hours of the birth, or by delivery of a written notice within the same time. The Local Authority are required to supply, without charge, stamped and addressed post cards containing the form of notice to every Medical Practitioner and Midwife who applies for them. There is a penalty not exceeding 20/- for non-compliance.

In bringing the provisions of this Act to the attention of Local Authorities, the Local Government Board observed that there is no occasion for imposing these obligations unless steps are taken to carry out the ultimate object of the measure, viz, the giving of advice and instructions to those who have charge of infants, and they would not be prepared to consent to the adoption of the Act unless it appeared that arrangements had been made for this purpose.

The provisions of this Act have not been well received by the Medical profession as a whole, for two principal reasons.—The one is that they very rightly object to being compelled to give this information not only without fee, but under pain of a penalty for neglect, and the other that there are many instances in which for various reasons, publicity is undesirable. Opinions of this sort coming from persons who are directly concerned in the administration of this Act are entitled to much consideration, and although I do not think the difficulties would be so great as many of the objectors imagine, I should not feel disposed to recommend its adoption if the medical men residing in the District protested against it. Your Committee have deferred its consideration for six months, and I think it will be well to note the effect of its working in places where it has been adopted.

SEX.—The number of deaths amongst males was 294, and females 287.

RESPIRATORY DISEASES.—From diseases of this character, excluding Phthisis, there were 92 deaths as compared with 75 during 1906, 93 during 1905, 86 during 1904, and 77 during 1903.

These deaths were due to the following diseases :—

Bronchitis	43
Pneumonia	46
Pleurisy	3

The majority of these deaths occurred during the first three months of the year when the weather conditions were of a cold and inclement character.

PHTHISIS OR PULMORARY TUBERCULOSIS. — This disease caused 56 deaths, exactly the same number as in 1906. During 1905 and 1904 the deaths were 63 and 75 respectively.

From Tubercular diseases of other parts of the body 19 deaths were registered.

Mortality 1.3 per 1000.

During 1904 the principle of voluntary notification was adopted in your district, but for some reason or other medical men do not avail themselves of it; and only a very small number of notifications

are received. I am sorry that this is so, because even if there are no facilities for sanatorium treatment, the information is valuable in that it enables a Local Authority to give advice as to the precautionary measures requisite in order to prevent the infective sputum becoming a source of danger to other people. The number of notifications received during 1907 was only 6. On receipt of information from the Registrar of Births and Deaths respecting deaths from Phthisis an endeavour is made to secure the adequate cleansing and disinfection of rooms inhabited by consumptive patients.

HEART DISEASE caused 68 deaths as compared with 66 during 1906.

From Accidents 15 deaths occurred and there were 3 from Suicide.

CANCER and other forms of Malignant Disease caused 29 deaths as compared with 51 during the previous year.

ALCOHOLISM was responsible for 8 deaths.

DISEASES OF THE NERVOUS SYSTEM caused 55 deaths, the same number as in 1906.

INFECTIOUS DISEASES.—The following Table shows the mortality from diseases of this class, and also from Enteritis during 1907.

	1906.	1907.	Increase or Decrease.
Scarlet Fever	1	4	+3
Measles	4	19	+15
Whooping Cough	8	12	+4
Diphtheria (including Mem- branous (Croup)	3	4	+1
Enteric Fever	6	14	+8
Diarrhœa	46	2	-44
Enteritis	5	9	+4

In addition to the diseases scheduled in the Infectious Diseases Notification Act, there are others respecting which early information is desirable, and this is obtained by an arrangement with the Education Committee, whereby the head teachers in the elementary schools are instructed to forward once a week the names and addresses of such scholars as are absent from school on account of Measles, Whooping Cough, Chicken Pox or Mumps. By this means children from infected houses are prohibited from attending school during the period of infection.

In order to prevent the spread of infection by books obtained from the Free Library, the librarian is acquainted once a week with the names and addresses of such persons as are notified to be suffering

from infectious diseases, and no books are issued to such houses until they are certified to be free from infection. In the case of books already in use they are disinfected before their return to the library.

Considering these diseases more fully we find that from

MEASLES there were 19 deaths. This disease prevailed chiefly during the early months of the year. It is one of the most difficult infectious diseases to deal with, because it is highly infective before the onset of the characteristic rash. The number of deaths registered as due to Measles does not represent the actual mortality from it, because during its prevalence many deaths are attributed to Bronchitis or Pneumonia, which are primarily due to Measles.

WHOOPIING COUGH which caused 12 deaths is a disease which is highly infectious, and is productive of much suffering amongst its little victims. The remarks respecting Measles are equally applicable to Whooping Cough, which is always responsible for more deaths than are generally attributed to it. These diseases are both scourges of young children, they are both responsible for much suffering, and for many deaths, and yet none are more carelessly treated and generally mismanaged than they are.

SCARLET FEVER.—There has not been any great prevalence of this disease during 1907, but although there were fewer cases than in 1906, there were more deaths, and the cases attacked were as a rule of a more severe character. The number of cases notified was 81, of which 67 were removed to St. William's Hospital. 70 of the cases were in Luton Ward. In the following Table will be found details of Scarlet Fever in the Borough during the last ten years.

Year.	Population	Total No. of cases Notified	No. under 5 Years	Deaths Registered	Treated in Hosp.	Attack Rate per 1,000 of Population	Mortality per 1,000	Percentage removed to Hospital.
1898	35499	173	53	5	107	4.8	.01	62
1899	35972	182	27	9	117	5.	.02	64
1900	36425	101	28	4	72	2.8	.01	71
1901	37057	41	10	—	23	1.1	—	56
1902	37732	74	31	1	50	1.9	.002	67
1903	38407	115	55	3	84	2.9	.008	73
1904	39179	61	21	1	47	1.5	.003	77
1905	40938	42	8	—	32	1.02	—	71
1906	41594	200	54	1	149	4.8	.002	75
1907	42134	81	33	4	67	1.9	.009	83

It is very gratifying to find that such a large proportion of the cases attacked avail themselves of Hospital treatment.

DIPHTHERIA and MEMBRANOUS CROUP.—Of this disease 30 cases were notified and there were 4 deaths. 15 cases were removed to St. William's Hospital for treatment.

The number of cases in separate localities was as follows :

St. Mary's Ward	...	...	...	8
Luton Ward	...	...	...	19
St. John's Ward	...	...	...	3

The numbers affected at different ages were :

1 to 5 years	...	...	17
5 to 15 years	...	...	12
15 to 25 years	...	...	1

The following Table shows the number of cases and deaths from Diphtheria during the past ten years :

1898	...	...	129	...	...	19
1899	...	...	97	...	...	8
1900	...	...	55	...	...	8
1901	...	...	80	...	...	9
1902	...	...	35	...	...	7
1903	...	...	23	...	...	3
1904	...	...	26	...	...	2
1905	...	...	25	...	...	2
1906	...	...	29	...	...	3
1907	...	...	30	...	...	4

ENTERIC FEVER.—Of this disease 78 cases were notified, 50 were removed to St. William's Hospital, and 14 death occurred. The notifications received during the first 9 months of the year were 13, and during the last 3 months they were 65 in number.

The number of households affected during this late epidemic prevalence was 60.

There are few districts in which cases of Enteric Fever do not occur from time to time, and Chatham is no exception to this rule, although it is many years since there was any epidemic prevalence, and in the light of former knowledge, which associated Enteric Fever with defective drainage and insufficient sewage disposal, this is somewhat surprising. The history of the rise and fall of the recent epidemic is of considerable interest. It was during the latter end of October that an increase in the number of Enteric Fever cases was noticeable, and from that period they came in at such a rate that it was obvious some unusual factor was at work in the dissemination of the disease. The total notifications during October were 10, during November 27, and during December 28. The maximum number of cases occurred during the fortnight ending December 7th, after which the notifications rapidly declined, and at the end of the year the epidemic had practically ceased. The cases were fairly evenly distributed through the Borough, the sanitary conditions of the infected dwellings differed in no way from those in unattacked houses,

there was no evidence pointing to the milk supply, nor was the outbreak so sudden or so widespread as to implicate the water supply, but to make assurance doubly sure samples were taken in different parts of the Borough, and as the result of a complete Chemical and Bacteriological Analysis its purity was placed beyond a doubt, and in a word no cause could be found which would satisfactorily explain the outbreak, but after a time one salient fact presented itself in connection with the diet of the sufferers.

A list of foods likely to be consumed in an uncooked state was made out, and in every case careful enquiry was made respecting the eating of these various substances, with the following result that out of 65 cases, 49 had eaten celery uncooked at such a period as pointed it out as a possible cause. Further enquiry revealed the fact that nearly the whole of the celery retailed in Chatham was grown in one locality, and was delivered in the town of Chatham two or three times weekly.

Acting on this information I paid a visit to the locality, and on investigating the methods employed in the culture of the celery crop, I was satisfied that no fault rested with the grower, but there were circumstances existing in the vicinity which strongly pointed to the possibility of accidental contamination of some of the growing plants. The celery is grown on beds in a valley intersected by ditches of a more or less stagnant character, which receive the effluent from some small sewage works, and I was informed that field drains were connected with these ditches. At my visit in December these ditches were nearly full of an evil looking slimy liquid, and it is conceivable and I think probable that during a heavy rainfall an overflow on the surface of the land would take place, and from direct contact with the plants might if the sewage effluent contained infective material, cause some of them to act as carriers of infection.

That the rainfall during October was excessive is shown by the records which indicate nearly 5 inches in that month, and in spite of the fact that I cannot obtain evidence of the presence of Enteric Fever in this locality for some months prior to the occurrence of the Chatham cases, I am strongly of opinion that the outbreak was due to the consumption by those attacked, of celery which had probably been contaminated in the way I have suggested. I admit that the evidence lacks absolute proof, but when one takes all the facts into consideration, the sudden nature of the outbreak, its short duration, and its rapid decline, and the fact that such a large proportion of cases had eaten raw celery it seems to be more than likely that this was the causative factor in the production of the epidemic.

As is usual a few secondary cases occurred in households where removal to Hospital could not be carried out, and were probably due to want of care in nursing. Leaflets were circulated in the affected

localities pointing out the measures requisite in order to prevent the spread of infection, all privy pits were cleaned out and disinfected with Perchloride of Mercury and Chloride of Lime, and in those cases kept at home a liberal supply of the disinfectants was given for the purpose of disinfecting the excreta.

DIARRHŒA and ENTERITIS.—These diseases are amongst the most fertile causes of Infantile Mortality, and as regards children under 1 year of age they are rightly considered synonymous. If the year 1907 possessed no other claims to sanitary distinction it certainly can claim to have been remarkably free from mortality of this character, and its very freedom goes far to emphasise the generally accepted causes of Diarrhœa amongst infants. The three chief factors in its production are Dirt, Improper feeding, and a High Temperature. In places where food is improperly stored, and where cleanliness does not prevail, conditions exist which only require a certain degree of temperature to bring about such putrefactive changes in the dietary of an infant who has not the advantage of breast feeding, as to produce Diarrhœa. During the summer of 1907 the general temperature was low, and the rainfall above the average. Owing to the lowness of the temperature putrefactive organisms were not so readily developed, and owing to the rainfall much of the dirt usually present in the vicinity of dwellings was washed away. The importance of the question of Infant Feeding being so great must be my excuse for so constantly recurring to it. In season and out Mothers should be encouraged to nurse their children, and if I am told that in many cases they cannot do it because they have to supplement the family income, by taking in, or going out to work, I would reply that the constant daily presence of the mother at home is far more necessary than the doubtful benefit of an extra shilling or two which can only be gained by neglect of house or family. I don't think the poor were ever visited so much as they are in the present day, but it has always struck me that all the advice about the necessity of attending Church or Chapel, sending the children to Sunday School and to Day School—good as it is—is of little value compared with lessons on the formation of habits of thrift, and habits of cleanliness, because these good habits are the foundations on which others may be built, and if they are once acquired not only will they conduce to the physical well-being of every household, but they will render religious and moral teaching much more fruitful of result than it is at present. I mention this because I feel that the Clergy and other Ministers, and Church workers of every kind have great opportunities, and may do much useful pioneer work in the cause of health and sanitation.

ERYSIPELAS.—There were 19 cases notified and 1 death occurred.

The total number of certificates received under the Infectious

Diseases Notification Act was 208. In the following Table is shown the number of certificates received during the last 8 years.

Year	No. of Certificates				
1900.	-	-	-	-	241
1901	-	-	-	-	248
1902	-	-	-	-	276
1903	-	-	-	-	235
1904	-	-	-	-	160
1905	-	-	-	-	117
1906	-	-	-	-	302
1907	-	-	-	-	208

In Table III. is shown the distribution of Infectious Disease in each Ward.

HOSPITAL ACCOMODATION.—Although the provision of beds for the reception of Infectious cases in the Joint Districts of Rochester and Chatham is on the whole of a very satisfactory and adequate character, and as such plays a very important part in the restriction of this class of diseases, still there were occasions during the past year when the resources of the Hospital were so taxed that many cases could not be admitted for several days after notification. It is seldom that two epidemics run concurrently, but during the prevalence of Enteric Fever at Chatham, the neighbouring City was unfortunately attacked with Scarlet Fever, and consequently there was no surplus room in which to treat the large number of Typhoid cases. The Committee of St. William's Hospital, acting on the advice of their Medical Officer, took immediate steps to cope with this difficulty, and in a few days a tent and complete equipment was provided, which proved of great value. Deducting the 19 cases of Erysipelas, which are not eligible for admission, we find that out of the 189 remaining cases 132 were removed to Hospital. This is equal to 70 per cent. of the cases notified, and this total would have been greater if some of the Enteric patients had not been too ill for removal.

DISINFECTION.—The manner in which this is carried out after Infectious Disease is one of the most important duties of your Sanitary Staff; and every care is taken to see that it is done thoroughly and efficiently. The Borough possesses an excellent Disinfecting Station, where infected clothing and bedding is subjected to the action of superheated steam. In addition to this all rooms occupied by patients are fumigated with Formic Aldehyde Vapour or Sulphurous Acid Gas. There is a well-equipped Ambulance for the removal of cases, and in all severe cases which may be attended with collapse a nurse always accompanies the patient, and is provided with suitable restoratives for use if required. The men occupied in carrying out disinfection are provided with suitable overalls, and the interior of the Ambulance is cleansed and disinfected each time it has

been in use. The absence of any complaint during the year proves the efficiency with which this work is conducted. Before leaving this subject of Infectious Disease, I may mention two recommendations which I suggested to your Committee, and which they at once adopted. One is in relation to the early treatment of Diphtheria. Experience has proved the great value of Antitoxin Treatment in this disease, and has also shown that its early administration considerably increases the chances of recovery. In order that any Medical Man who desires to use Antitoxin can secure it without delay, a stock is now kept at the Town Hall, and Doctors have been informed that this will be supplied on request at cost price. The other recommendation is in respect to the diagnosis of Diphtheria and Enteric Fever. Cases arise from time to time in which the symptoms and appearances are so modified, that error is possible, but fortunately there are certain bacteriological tests which are helpful in these cases, and arrangements have now been made by which at a small expense, to be borne by the Corporation, these tests can be carried out to the mutual advantage of doctor and patient, and I may add of the the Sanitary Authority.

HOUSING.—Very few new dwellings have been erected during the year, but I think that on the whole there are not so many uninhabited houses as in 1906. The lapse of time and the effects of neglect cause deterioration in houses of every class, and especially so in the case of old property, of which there is much in Chatham. It is only by regular and systematic inspection that many of these houses can be kept in a habitable condition, and in some cases it is very discouraging to find that however anxious an owner may be to comply with the necessary requirements he is largely thwarted by the conduct of his tenants. Special representations have been made under Sec. 30, Housing of Working Classes Act, and 10 houses were reported as unfit for human habitation. Notices to put them in a habitable condition were served, accompanied by a specification of the work required. I would again urge upon the Council the desirability of enforcing Sec. 27, Public Health Amendment Act, 1890. Notices embodying these provisions should be posted up in the vicinity of every Court and Alley in the District :

“Where any court or passageway leading to the back of several buildings in separate occupations, and not being a highway repairable by the inhabitants at large, is not regularly and effectually swept, and kept clean and free from rubbish or other accumulation, to the satisfaction of the Urban Authority, the Urban Authority may, if they think fit, cause to be swept and cleaned such court or passage.”

“The expenses incurred shall be apportioned between the occupier of the buildings situated in the court, or to the back of which the passage leads in such shares as may be determined by the Surveyor to the Urban Authority, or (in case of dispute) by a Court of

Summary Jurisdiction, and in default of payment any share so apportioned may be recovered summarily from the occupier on whom it is apportioned."

Notices under Section 21 of the same Article relating to Sanitary Conveniences should be issued in conjunction with the above.

This Section reads as follows :—

"If any person injures or improperly fouls any such Sanitary Convenience, or anything in connection therewith, he shall for every such offence be liable to a penalty not exceeding 10/-."

"If any Sanitary Conveniences or the approaches thereto, or the walls, floors, seats or fittings thereof, is or are in the opinion of the Urban Authority, or of the Inspector of Nuisances, or of the Medical Officer of Health of such Authority, in such a state or condition as to be a nuisance or annoyance to any inhabitant of the district, for want of proper cleansing thereof, such of the persons having the use thereof in common as aforesaid, as may be in default, or in the absence of proof satisfactory to the Court, as to which of the persons having the use thereof in common is in default, each of these persons shall be liable to a penalty not exceeding 10/-, and a daily penalty not exceeding 5/-."

I trust that your Council will take steps to comply with the above recommendations, which is in any opinion very necessary in view of the dirty and neglectful habits of the class of people living in the poorer quarters of the town. The mere issuing of the notices will be useless if an example is not made when neglect occurs.

It is opportune at this juncture to refer to the Public Health Amendment Act of 1907, which has been adopted by your Council. Its object is to enable Local Authorities generally to acquire such powers as have been obtained in particular instances—notably in large Boroughs by the promotion of local Acts. The Act is divided into ten parts, but from a sanitary point of view Part II., dealing with Streets and Buildings, Part III. containing Sanitary Provisions; Part IV. Infectious Diseases, and Part V. Common Lodging Houses, are of most interest. The various additions and amendments which have been made to the great Public Health Act of 1875 are evidences of the need for a revision and consolidation of the laws relating to Public Health. The powers acquired by the new Act of 1907 are very extensive, and as copies of the Act have been in the hands of members of the Council it is unnecessary to set them out in detail. The specially welcome clauses are in Part III., Sec. 34 to 51. They extend the Nuisances clauses of the P.H.A., 1875, prevent rain water pipes from being used as soil pipes or ventilating shafts, give clearer definitions respecting closet accommodations and sufficiency of water supply, give power to open up old drains for examination, and

for the provision, alteration or removal of urinals. Section 45 relating to the testing of drains is an important one, and in cases where they are found defective, and the owner does not carry out the work within a reasonable specified time the Local Authority may do the work and recover from the owner.

Sec. 48 deals with the removal of trade refuse, and Sec. 50 rectifies a curious omission in previous Acts by giving a Local Authority power to provide and maintain an Ambulance for use in accidents, etc. Sec. 51 amplifies previous Sections dealing with offensive trades.

Part IV., Sec. 52 to 68 gives increased powers for dealing with and preventing the spread of Infectious Disease. Under these provisions dairymen are required to furnish lists of farms, etc., from which their supply of milk during the last six weeks has been derived, and they must under penalty notify cases of Infectious Diseases existing amongst their employees.

Sec. 55 prohibits the sending of infected clothing to any laundry unless efficiently disinfected, and under Sec. 56 any filthy article in a dwelling house may be cleansed, purified, or destroyed at the Authority's expense. Children who have been exposed to infection must not attend School without a certificate, and under Sec. 58 the principal of a school must if required furnish a list of scholars when a case of Infectious Disease has occurred in the School. Other Sections deal with library books, with the provision of temporary shelters for infected persons, with the conveyance of such in public vehicles, with isolation, and with the cleansing and disinfection of premises.

In Part V. dealing with Common Lodging Houses, the improved powers of control will facilitate their regulation and management.

BYE-LAWS.—For some time past this subject has been receiving the attention of a Special Committee. Those dealing with Sanitary administration of the Borough were greatly in need of revision, and they have now been considerably amended and added to, with the result that we now possess an excellent set of Bye-Laws, not only adapted to existing conditions, but likely to be of great service when the sewerage of the Borough is reconstructed.

WATER SUPPLY.—Chatham is very fortunate in the excellence and abundance of its water supply, which is drawn from deep borings in the chalk. The storage capacity of the Company's reservoirs is about 9,000,000 gallons. The Water Company is fully alive to its great responsibility and no effort is spared to maintain the purity of its water. I believe that complete Analyses are made from time to time, but these reports are apparently "not for publication," and I do not know why the Company is so reluctant to disclose the undoubted purity of its water. With the permission of your Council

I have recently had a chemical and bacteriological examination made of samples of water taken in different parts of the Borough, the result of which was placed before your Sanitary Committee, and which was of a most gratifying character. It is of a high standard of organic purity, and especially suitable as a beverage.

SEWERAGE and DRAINAGE.—The time honoured method of preservation of sewerage in cesspools continues, and the enormous expenditure which will be required to inaugurate a system of Main Drainage makes the Council and Ratepayers tolerant of this Antiquated and Obsolete Method. I would once more urge the desirability, when the scheme is decided upon, of combining with the neighbouring City of Rochester. Common sense and economy alike point to the expediency of a joint system of sewage disposal and treatment in the two Boroughs, whose geographical features are similar, and whose real division is but an arbitrary one. That Unity of Action for a common benefit is possible, is proved by the success of the Joint Hospital Administration, and I earnestly trust that in this important matter the two Authorities will not act either in antagonism to, or independently of the other.

Every attention is being paid to the condition of house drains and fittings, and the work of emptying cesspools and privy pits is conducted in such a manner as to cause a minimum of discomfort to the public.

A considerable amount of crude sewage finds its way into the river, and its pollution is considerable in view of the fact that the untreated sewage from all the large Government Establishments flows into it.

CLEANSING AND SCAVENGING.—The present system recovering House Refuse cannot well be improved upon, and it has been excellently carried out during the year. The advantage of this frequent and regular removal are of the greatest importance from a Public Health point of view, because when stored in the vicinity of dwellings it is very liable to decomposition, and is a fertile soil for the growth of Micro-organisms.

Further improvements in the method would be in the universal provision of covered vans or carts, and the more general use on the part of householders of suitable covered receptacles. The ultimate destruction by heat of refuse of this kind is the ideal way of dealing with it.

For the removal of Fish Offal, which is done daily, a special closed van is in use, in which the receptacles are placed. These are thoroughly cleansed every day, and no nuisance results.

SLAUGHTER HOUSES.—There are 17 registered slaughter houses in the Borough, most of them situated in close proximity to the main business thoroughfare of the town. They are all the subject of regular inspection, and although in a few instances there has been a want of attention to cleanliness, on the whole I am able to report favourably on their condition. No complaints of nuisance from these buildings have been received during 1907. In future the licensing of new slaughter houses will be renewable from year to year, so that if a slaughter house is not properly conducted your council will have power to discontinue its use.

COMMON LODGING HOUSES.—Number on register, 15.

These are the subject of periodical inspection, and generally speaking, their condition is good. Improved measures of control are given in the Public Health Amendment Act, 1907.

DAIRIES, COWSHEDS AND MILKSHOPS.

No. of registered Cowkeepers, 13.

No. of registered Dairymen and Purveyors of Milk, 37.

The regulations issued by the Local Government Board in connection with the above are for prescribing and regulating the lighting, ventilation, cleansing, drainage and water supply of Cowsheds and Dairies, and for securing the cleanliness of milk stores, milk shops, and milk vessels used for containing milk for sale by persons following the trade of Cowkeeper and Dairymen, and for prescribing precautions to be taken by purveyors of milk, and persons selling milk by retail, against infection or contamination.

In my report for 1906 I commented at some length on the question of milk supply, and it is not necessary to repeat my remarks. They received the attention of your Council, and the result was that certain recommendations for the amendment of the order were drafted and sent round to the various Local Authorities in Kent. These proposals were very generally approved, and were forwarded to the Local Government Board. Many influential bodies throughout the Country have suggested amendments to the law relating to our milk supplies, and it is hoped that ere long legislation will take place. One of the greatest needs is that the Dairies, Cowsheds and Milkshops Order, 1885, or some similar enactments should be uniformly and compulsorily enforced throughout the Country, and that Sanitary Authorities should have the power to withhold licenses, instead of being compelled to grant them to any person who applies.

Efforts have been made during the past year to secure improvements in the general management of the cowsheds in the District, and to bring about such alterations in the vicinity as will conduce to cleanliness, which is all important, but which is, I regret to say, not practised as it ought to be. No amount of legislation will remedy

the defects of the milk trade, unless it goes hand in hand with the education of the public in the importance of securing a clean and wholesome milk supply. It is only by arousing public interest in this vital matter, that the cowkeeper and purveyor will ultimately find that it is to their personal advantage not only to insist on the proper cleansing of their cowsheds, but to extend the same process to the cows and milkers.

It is now the routine practice for the Veterinary Inspector to make a monthly examination and report on the condition of the milch cows throughout the Borough.

Every Cowkeeper is supplied with printed copies of the Dairies, Cowsheds and Milkshops Order, and during the year I have abstracted the most important provisions, which have been printed in clear bold type on a Card, and sent to each cowkeeper, Particulars of various notices served will be found in the report of your Inspector of Nuisances.

MIDWIVES ACT, 1902.—At the end of the year there were 12 Midwives certified by the Central Midwives Board under the above Act, practising in Chatham.

All these are visited periodically, and their case books, bags and appliances are carefully examined. In some cases difficulty has been experienced in regard to the keeping of the case book, and the filling up of certain forms, but on the whole there is a great improvement, and the women are genuinely anxious to carry out their duties in a satisfactory manner. During the year a circular was issued at the instance of the Central Board, respecting the routine taking of temperatures during the lying in period, and every midwife has received instructions in the use of the Clinical Thermometer.

The general effect of this Act has been beneficial, and it is an enormous advantage to the poorer classes to be looked after in their confinements by women who have had some training in midwifery. The number of untrained or "bona fide" midwives is gradually diminishing, and it is also satisfactory to know that the proportion of cases attended by the qualified midwives is largely in excess of those attended by the unqualified.

Another tendency is for practice of this class to be very unequally distributed, so that whilst two or three persons may have sufficient cases to keep them occupied, and to bring in a livelihood, the majority are less fortunate, and to put it quite plainly, unless a woman has some other source of income, or has other duties, the fees to be obtained by this class of work are neither so numerous or so large as to encourage her to go through the prescribed training. This fact combined with the want of facilities for securing the necessary training

in any but large centres of population, renders it probable that during the next few years the number of practising midwives will be considerably reduced.

The following notices have been received from midwives during the year.

Record of sending for medical help, 5.

Still Births, 11.

No case of Puerperal Fever has occurred.

FACTORY and WORKSHOP ACT, 1901.—Section 132 of the above Act states that it is the duty of the Medical Officer of Health of every District Council to report specifically on the Administration of this Act in Workshops and Workplaces, and to include his observations thereon in his Annual Report. A Table is issued by the Home Office, which I have filled in and appended, and which contains such particulars respecting the Act as lend themselves to statistical treatment.

The points to be reported on are concerned with the Sanitary Administration of Workshops and Workplaces, so far as they are under the control of the District Council, and are summarised as follows :

1.—Sanitary Conditions, including :

- (a) Cleanliness.
- (b) Air space.
- (c) Ventilation.
- (d) Drainage of Floors on which wet processes are carried on.
- (e) Provision of suitable and sufficient Sanitary Conveniences.

2.—Special Sanitary Provisions for Bakehouses.

3.—The prevention of home work being carried on in dwellings which are dangerous to the health of the workers through overcrowding, want of ventilation, or other Sanitary defects, or in dwellings in which notifiable infectious disease exists.

4.—The keeping of lists of outworkers in certain branches of industry, which are furnished by employers, and the transmission of the name and place of any such outworker, who does not reside in the District, to the Council of the District in which he resides.

5.—The keeping of a Register of Workshops.

The subjoined particulars are supplemental to those recorded in the Home Office Table, which gives the number of inspections made, and the defects found and remedied.

The total number of Workshops registered in the District is 407, including :

Tenement Workshops.....	none
Domestic Workshops	59
Retail Bakehouses	28
Laundries	12
Other Workshops	308

There are 29 Non-Textile Factories on the Register, of Workshops employing men only 175, and of workplaces 68.

The WORKSHOPS comprise the following trades:—Coach-builders and Wheelwrights, 6; Cycle Works, 5; Cabinet Makers, 3; Claypipe Maker, 1; Bootmakers, 30; Carpenters and Joiners, 24; Cooper, 1; Blindmakers, 2; Brass Finishers and Pewterers, 2; Polishers, 7; Upholsterers, 6; Smiths, 7; Picture Frame Makers, 10; Plumbers, 6; Saddlers, 8; Modeller, 1; Tailors, 24; Hoopmakers, 2; Undertakers, 2; Ornamental Masons, 2; Sweet Makers, 4; Painters, 10; Rag Merchant, 1; Printers, 2; Tin Smiths, 3.

NON-TEXTILE FACTORIES. — Bakehouses, 2; Bookbinders, 1; Tobacco, 1; Printing, 5; Joinery, 6; Engineering, 1; Soap Melting, 1; Sausage Making, 1; Laundries, 3; Flour, 2; Electrical Works, 1; Mineral Water Works, 5.

WORKPLACES.—Stables, 10; Bottling, 6; Gatemaking, etc., 4; Wharves, 8; Haircutting, 40.

Notices Issued:—

FACTORIES : Insufficient Sanitary Accommodation, 1.

WORKSHOPS : Want of cleanliness, 12.

Drainage of Floors, 1.

OUTWORKERS.—The number of outworkers returned during the year was 591, there being 301 during the first half, and 290 during the second.

The number of Outworkers who reside out of the District, but receive work from it was 104, of this number 65 reside in Gillingham, and 39 in Rochester. The names of these outworkers were notified to the respective Authorities of these Districts.

It is the duty of employers to send lists of their outworkers twice a year—in the months of February and August. 8 lists were received in each month.

The total number of visits made to Outworkers premises was 1182, and in 3 instances homework was prohibited on account of infectious disease.

The number of Outworkers lists received from other Districts was seven.

The following notices were served :

For Cleansing	34
For Inside Repairs	8
Alteration to Drainage	11

The following is a return of the various trades in which women are employed :—

	Women.	Young Persons.
Tailors	111	
Shirt Makers	25	8
Milliners	41	22
Outfitters	24	
Dressmakers	169	62
Clothiers	465	
Laundresses	74	
Bookbinders	17	
	<hr/>	<hr/>
	926	92

In the Act a young person is defined as one who is over 14 and under 18 years of age.

No house was found so unwholesome as to render it necessary to prohibit employment.

The special sections of the Act dealing with the question of Sanitary Accommodation are in-operative here, and all offences are dealt with under Sec. 22, Public Health Amendment Act, 1890.

BAKEHOUSES.—The number of Bakehouses on the Register is now 28, of which 10 are underground. Four of the Bakehouses on the Register were not in use at the end of the year, viz. : 11, High Street ; James Street ; 67, Ordnance Street ; 34, Military Road (underground). Bakehouses are the subject of special Sanitary Regulations as set out Sections 97 to 102 of the Factory and Workshop Act. Under these regulations closets must not communicate directly with, nor must there be any drains opening into, a bakehouse, and the cistern supplying water to a bakehouse must be separate and distinct from the w.c. cistern. The inside walls and ceilings of bakehouses must be lime-washed or painted with oil and varnished, and the limewashing and cleansing of paint must be done every six months. No sleeping place is permitted on the same floor as a bakehouse unless constructed according to the requirements of this Act

The underground bakehouses were all in use before the passing of the Act, but in future the construction of such is prohibited.

There is one other subject calling for mention, viz, the Medical Inspection of School Children, which is now compulsory on all Local Authorities, and which will have to be taken in hand by your Education Committee during the present year. I have already reported at some length on this subject, and as the details of the scheme are not yet settled it would be premature on my part to offer any further remarks.

In my report for 1906 I stated that, in my opinion, the Staff of the Sanitary Department was inadequate. The work increases year by year as new Acts are placed on the Statute Book, as population increases, and as public interest in sanitary work is more manifest. Your Committee are always anxious respecting the welfare of the Borough, and have always shown the greatest courtesy and consideration to such recommendations as I have had the honour to suggest, but some Members of the Committee have apparently thought it possible to manage without further assistance, but to them I would say that although the ratepayer rightly demands economy, at the same time he requires efficiency. When the recent epidemic of Enteric Fever occurred, temporary assistance was acquired, and I am glad to say now that there is a decision to secure permanently the services of the Assistant Inspector of Nuisances which will enable the important work of the Department to be carried out in a satisfactory manner.

My thanks are also due to Mr. Coles Finch who has supplied me with statistics of rainfall during the year.

I remain, Gentlemen,

Your obedient servant,

J. HOLROYDE, F.R.C.S.E., D.P.H.,

Medical Officer of Health.

Chatham,

February 27th, 1908.



Appended are Tables I., II., III., IV. and V., issued by the Local Government Board.

Home Office Table for returns under the Factory and Workshop Act.

Statistics of rainfall.

Report of Inspector of Nuisances.

TABLE I.

CHATHAM.—For Whole District.

YEAR.	Population estimated to middle of each year.	No. of Births.	Birth Rate.*	Deaths under 1 year.	Rate per 1,000 Births registered.	Total Deaths at all Ages.	Total Death Rate.*	Deaths in Public Institutions.	Deaths of Non-residents registered in District.	Deaths of Residents registered beyond District.	Deaths at all Ages. Nett.	Death Rate* at all Ages. Nett.
1897 ..	34926	1023	29.3	158	155	604	17.2	135	40	32	596	17.1
1898 ..	35499	1038	29.	176	168	698	19.7	185	53	66	711	20.05
1899 ..	35972	1062	29.5	193	180	731	20.3	173	38	45	738	20.04
1900 ..	36495	1065	29.02	168	165	702	19.4	188	50	63	715	19.5
1901 ..	37057	1022	27.9	157	154	648	17.4	149	45	37	638	17.2
1902 ..	37732	1066	28.2	174	163	676	17.9	163	53	51	674	17.8
1903 ..	38407	1112	28.9	143	129	583	15.	155	40	31	574	14.9
1904 ..	39179	1172	29.9	209	178	659	16.8	175	71	29	630	16.
1905 ..	40938	1134	27.7	143	126	615	14.4	77	63	27	578	14.1
1906 ..	41594	1107	26.7	153	138	593	14.2	143	58	25	560	13.4
Averages for years 1897 to 1906.	37779	1080	28.5	167	155	650	17.4	154	51	40	641	16.3
1907 ..	42134	1100	26.1	136	124	591	14.	140	59	49	581	13.7

*Rates calculated per 1,000 of estimated population.

Institutions within the District receiving sick and infirm persons from outside the District.	Institutions outside the District receiving sick and infirm persons from the District.
Medway Union Infirmary.	St. Bartholomew's Hospital, Rochester. St. William's Fever Hospital, Rochester. Fort Pitt Military Hospital, Rochester. Royal Naval Hospital, Gillingham.

NOTES TO TABLE I.

The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-Resident" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public Institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, work-houses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water), 4444.298; total population at all ages 37,057; Number of inhabited houses 7,242; Average number of persons per house 5.1; at Census of 1901.

TABLE II.

CHATHAM URBAN DISTRICT.

NAMES OF LOCALITIES.	WHOLE DISTRICT				ST. MARY'S WARD.				LUTON WARD.				ST. JOHN'S WARD.				WORKHOUSE.		MEL. HOS.
	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Deaths at all Ages.	Deaths under 1 year.	
1897 ...	34926	1023	604	158	10365		159	54	13865		182	61	10696		128	38	113	3	22
1898 ...	35499	1038	698	176	10459		176	50	14074		210	72	10916		127	46	151	1	34
1899 ...	35972	1062	731	193	10310		197	63	14590		207	77	11072		154	48	133	6	40
1900 ...	36495	1065	702	168	10027		176	55	15107		199	57	11361		139	50	158	6	30
1901 ...	37057	1022	648	157	11706		176	63	15125		204	60	10226		152	31	82	3	24
1902 ...	37732	1066	676	174	10190	248	174	56	15310	531	209	62	12232	208	171	48	96	8	24
1903 ...	38407	1112	583	143	9555	246	137	42	17312	565	178	54	11572	301	144	41	86	6	27
1904 ...	39179	1172	659	209	9552	247	153	59	18000	615	214	88	11878	310	159	54	138	8	37
1905 ...	40938	1134	578	143	9784	228	148	43	18850	609	228	70	12304	297	125	27	70	3	7
1906 ...	41594	1107	560	152	9873	229	124	61	19452	603	221	70	12269	275	129	20	86	1	
Averages of years 1897 to 1906	37779	1080	643	167	10182	239	162	54	16168	584	205	67	11452	278	142	40	111	4	24
1907 ...	42134	1100	591	136	9772	206	132	28	18819	612	215	61	13543	282	153	37	80	10	1

NOTES TO TABLE II.

(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district: and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I. as to meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.: thus, the totals of sub-columns *a*, *b* and *c* should agree with the figures for the year in the columns 2, 3 and 12, respectively, of Table I.: the gross total of the sub-columns *c* should agree with the total of column 2 in Table IV., and the gross total of sub-columns *d* with the total of column 3 in Table IV.

TABLE III.

CHATHAM URBAN DISTRICT.

Cases of Infectious Diseases notified during the year 1907.

Notifiable Diseases	Cases Notified in Whole District.						Total Cases Notified in each Locality.			No. of Cases re-moved to Hospital,			Total Cases removed to Hospital.	
	At all Ages.	Under 1 year.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 & upwards.	St. Mary's WARD.	LUTON WARD.	ST. JOHN'S WARD.	ST. MARY'S WARD.	LUTON WARD.		ST. JOHN'S WARD.
Small Pox ... ..	...		17	12	1			8	19	3	3	10	2	15
Cholera ... ..	...			1	1	17		5	11	3				
Diphtheria (including Membranous Croup)...	30		33	45	1	2		1	70	10	1	60	6	67
Erysipelas	19													
Scarlet Fever	81													
Typhus Fever ... ..	...												
Enteric Fever	78		5	20	21	32		17	37	24	13	22	15	50
Relapsing Fever ... ..	...												
Continued Fever ... ..	...												
Puerperal Fever ... ..	...												
Plague ... ..	...												
Totals	208		55	78	24	51		31	137 (w)	40	17	92 (w)	23	132

NOTES TO TABLE III.

The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. The name of the authority by whom the hospital is provided should also be given. Mark (W) the locality in which a workhouse is situated.

* This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

** Column 8 should be filled up with the Totals of cases removed to Hospital, whether the District is divided into separate localities or consists of only one area.

Isolation Hospital.—Joint Hospital situated in Rochester.

TABLE IV.

CHATHAM DISTRICT.*Causes of, and Ages at, Death during the Year 1907.*

Causes of Death.	Deaths in whole District at Subjoined Ages.							Deaths in Localities at all Ages.					Total Deaths in Public Institutions.
	All Ages.	Under 1 year	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.	65 and upwards.	St. Mary's Ward.	Luton Ward.	St. John's Ward.	Medway Workhouse.	Marine Infirmary.	
Measles	19	2	17					5	8	3	3		4
Scarlet Fever ...	4		2		2				3	1			.
Whooping Cough	12	8	4					4	1	6	1		1
Diphtheria and Membranous Croup	4		1	3				1	2	1			
Fever, Enteric...	14		1	1	4	8		3	5	5	1		2
Epidemic influenza	5				1	1	3	2	2	1			1
Diarrhœa... ..	10	10						4	3	3			
Enteritis	1						1	1					1
Erysipelas	1					1				1			
Other Septic Diseases	1						1			1			
Phthisis	56		2	3	8	42	1	19	11	14	12		22
Other Tubercular Diseases...	19	3	7	6	2	1		2	10	7			2
Cancer, Malignant Disease..	29			1		14	14	5	14	9	1		9
Bronchitis	43	13	1			5	24	6	15	10	12		16
Pneumonia	46	11	9	1	2	13	10	11	25	7	2	1	5
Pluerisy	3				1	2		1		2			
Other Diseases of Respiratory Organs													
Alcoholism) Cirrhosis of Liver ...)	8					6	2	3	1	2	2		3
Venereal Disease	9	6	2			1		1	4		4		4
Premature Birth	44	44						7	21	13	3		4
Diseases and Accidents of Parturition ...	6	1			2	3			2	4			
Heart Diseases..	68	1	1		3	34	29	21					20
Accidents... ..	15	1	2	2		8	2	3	8	4			2
Suicides	3					3		3					
Urinary System													
Nervous System	55	18	5		2	11	19	14	21	17	3		6
All other Causes	106	18	5	1	5	33	44	16	31	35	24		36
All Causes	581	136	59	18	32	186	150	132	215	153	80	1	138

TABLE V.

CHATHAM DISTRICT.*Infantile Mortality during the Year, 1907.*

Deaths from stated Causes in Weeks and Months under 1 Year of Age.

Cause of Death.		Under 1 Week.	1 to 2 Weeks.	2 to 3 Weeks.	3 to 4 Weeks.	Total under 1 Month	1 to 2 Months.	2 to 3 Months.	3 to 4 Months.	4 to 5 Months.	5 to 6 Months.	6 to 7 Months.	7 to 8 Months.	8 to 9 Months.	9 to 10 Months.	10 to 11 Months.	11 to 12 Months.	Total Deaths under 1 Year.
All Causes	(Certified ... (Uncertified ...	38 2	6	3	2	49 2	16	14	8	5	9	5	5	7	4	4	3	129 7
Common Infectious Diseases.	Small-pox ... Chicken-pox ... Measles ... Scarlet Fever... Diphtheria:) Croup) Whooping) Cough)															1	1	2
Diarrhoeal Diseases.	Diarrhoea,) all forms) Enteritis (not) Tuberculous)) Gastritis, Gas-) trointestinal) Catarrh)			1		1	1	1					1					8 2 4 3
Wasting Diseases.	Premature) Birth) Congenital) Defects) Injury at Birth) Want of) Breast-milk) Atrophy,) Debility,) Marasmus)	32 2 1	3			35 2 1	4 1	2			1							42 3 1
Tuberculous Diseases.	Tuberculous) Peritonitis:) Tubes) Mesenterica) Other) Tuberculous) Diseases)			1		1	4	2	1	1		2					1	11 1 2
Other Causes.	Erysipelas ... Syphilis ... Rickets ... Meningitis) (not Tuber-) culous)) Convulsions ... Bronchitis ... Laryngitis ... Pneumonia .. Suffocation,) Overlaying) Other Causes...	1 2				1	2	1			2			1	1	1		6 1 2 17 13 1 11 1 5
All Causes	...	40	6	3	2	51	16	16	9	5	10	5	5	7	5	4	3	136

The Whole District. Population, estimated to middle of 1907—42,134.

Births in the year :—Legitimate, 1,046 ; Illegitimate, 54.

Deaths in the year :—Legitimate Infants, 26 ; Illegitimate Infants, 14.

Deaths from all causes at all ages, 581.

NOTES TO TABLES IV. AND V.

- (a) In Table IV, all deaths, of "Residents" occurring in public institutions, whether within or without the district, are to be included with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be included among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-Residents" occurring in public institutions in the district are in like manner to be excluded from columns 2-8 and 9-15 of Table IV.
- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" in Table IV. should be the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions, situated within the district, whether of Residents or of Non-residents, are, in addition to being dealt with as in note (a), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.
- (d) The total deaths in the several Localities in columns 9-15 of Table IV. should equal those for the year in the same Localities in Table II, sub-columns c. The total deaths at all ages in column 2 of Table IV. should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.
- (e)* Under the heading "Diarrhœa" are to be included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera and Cholera Nostras.
In addition, and as regards deaths of children under one year of age, under the heading "Diarrhœa" in column 3 of IV. are to be included all deaths classified as "Diarrhœal diseases" in Table V.
Under the heading of "Enteritis" in Table IV. are to be included only deaths over one year of age registered as due to Enteritis, Muco-enteritis, Gastro-enteritis, Gastric catarrh, Gastritis, and Gastro-intestinal catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths under the specific term "Diarrhœa." Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.
- (f) Under headings "Cancer" and "Puerperal Fever" should be included all registered deaths from causes comprised within these general terms, thus:—Under "Cancer" should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumor, and Papilloma of bladder, Rodent ulcer; under "Puerperal Fever" are to be included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri, and Endo-Metritis occurring in the Puerperium.
- (g) Under "Congenital Defects" in Table V. are to be included deaths from Atelectasis, Icterus, neonatorum, Navel hæmorrhage, Malformations and Congenital hydrocephalus
- (h) Under "Tuberculous Meningitis" are to be included in the deaths from Acute hydrocephalus.
- (i) Under "Other Tuberculous Diseases" are to be included deaths from Tuberculosis, Tuberculous of bones, joints and other organs, Lupus and Scrofula.
- (j) All deaths certified by registered Medical Practitioners, and all Inquest cases, are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."

In recording the facts under the various headings of Tables I., II., III., IV. and V., attention has been given to the notes on the Tables.

Factories, Workshops, Laundries, Workplaces and Homework.

BOROUGH OF CHATHAM.

1.—Inspection.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecut'ns.
Factories (including Factory Laundries)	57	1	
Workshops (including Workshop Laundries) ...	376	13	
Workplaces (other than Outworkers' premises in- in Part 3 of this Report)	5	0	
Total	438	14	

2.—Defects Found.

Particulars.	Number of Defects			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts :—				
Want of cleanliness... ..	12	12		
Want of ventilation... ..	0	0		
Overcrowding	1	1		
Want of drainage of floors... ..	0	0		
Other nuisances	1	1		
Sanitary Accommodation { insufficient	0	0		
{ unsuitable or defective	0	0		
{ not separate for sexes	0	0		
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground bakehouse ...	0	0		
Breach of special sanitary requirements for bakehouses	0	0		
Other offences (excluding offences relating to outwork which are included in Part 3 of this Report)	0	0		
Total	14	14		

3.—Home Work.

Nature of Work.	Lists.	Outworkers.	Received from other Councils.	Forwarded to other Councils.		Instances.	Orders made.
Wearing Apparel :							
Lists received from							
Employers	16	591					
Addresses of Outworkers ...			16	104			
Inspection of Outworkers' Premises					1182		
Outwork in Infected Premises						3	3
Total	16	591	16	104	1182	3	3

4.—Registered Workshops.

Workshops on the Register at the end of the year.	Number.
Tenement Workshops	0
Domestic	59
Workshop Bakehouses	28
Laundries... ..	12
Other Workshops	308
Total number of Workshops on Register ...	407

5.—Other Matters.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act... ..	
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act.	(Notified by H.M. Inspector ... Reports (of action taken) sent to H.M. Inspector..)
Other	
Underground Bakehouses :—	
Certificates granted during the year	
In use at the end of the year	10

RAINFALL DURING 1907,
Taken at Luton by Mr. Coles Finch.

					DEPTH IN INCHES.
January	...	...	...	...	1.10
February	...	...	...	...	1.34
March	...	...	...	...	.70
April	...	...	...	...	2.45
May	...	...	...	...	2.08
June	...	...	...	...	2.75
July	...	...	...	...	1.83
August	...	...	...	...	1.60
September	...	...	...	...	.53
October	...	...	...	...	4.01
November	...	...	...	...	2.18
December	...	...	...	...	2.56
Total for 12 months...					<hr/> 23.13

